

PROFESSIONAL REGISTRATION POLICY

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Relevant Staff Group/s:	Members of Staff (i.e. existing employees and temporary workers including agency staff) requiring professional registration to undertake their role and their line managers

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DOCUMENT CONTROL

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Intended recipients: Staff who require professional registration to undertake their role and managers who are responsible for these appointments.			
Committee/Group Consulted: JMSSC and LNC and Quality & Performance Committee			
Monitoring arrangements and indicators: HR to provide quarterly reports to Quality & Performance Committee and the Trust Board.			
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1. INTRODUCTION

- 1.1 This policy outlines the Trust's professional registration verification process and the procedure that must be followed to ensure all staff groups (including temporary workers) who require a professional registration, are appropriately qualified and registered at the commencement of their appointment with the relevant regulatory body in accordance with their requirements, and that this is maintained during the course of their appointment with the Trust. For the purposes of this policy from this point forward the terms "staff", "member of staff" or "staff member" relates to any employee or temporary worker appointed by the Trust or undertaking professional duties on behalf of the Trust.

2. PURPOSE AND SCOPE

- 2.1 To check the professional registration of designated members of staff as required at the time of appointment and throughout employment.

3. DUTIES AND RESPONSIBILITIES

- 3.1 **New members of Staff** will be required to provide evidence of their current professional registration status and qualifications to their recruiting manager at the interview stage and the Human Resources (HR) Department prior to commencement with the Trust. Professional registration status will be verified prior to appointment.
- 3.2 **Existing members of Staff** have a responsibility to ensure that their registration is current with the appropriate regulatory body throughout their employment with the Trust. This is a mandatory requirement of the regulatory bodies and a condition of employment. They must also:-
- keep the documentation relating to this registration or re-registration in a safe place.
 - meet the periodic fee requirements of their professional body to remain registered.
 - on receipt of renewed registration, they will ensure that their manager is provided with evidence of their registration and expiry date on renewal of registration
 - keep the relevant regulatory body and the Trust informed of changes of address, name, status, etc., so that their records are accurate and up to date in order to receive renewal advice and information from the regulatory body.
 - comply with the regulatory body Code of Professional Conduct and/or standards.
 - notify his/her manager immediately if there are any problems which will result in failure to renew professional registration.
 - notify his/her manager immediately of any material facts or changes in circumstances inside or outside of work which may impact on his/her registration and continued employment with the Trust

- 3.3 **The Human Resources (HR) Department** is responsible for checking that all professional registrations are valid on appointment and that registration is renewed in accordance with, and at a frequency determined by, the professional body for all professional staff within the Trust. HR will maintain a centralised record of professional registration on the Electronic Staff Record System and notify line managers of any lapse of registration of members of staff. **The Human Resource Department** will provide six monthly reports to the Our Partnership Group which is replacing the Former Workforce Governance Group.
- 3.4 **The Medical Director** has responsibility for ensuring registration with the GMC for Medical Staff but will delegate authority for the operational implementation and ongoing management of this policy to the Human Resources Department.
- 3.5 **Professional Heads** will be required to ensure that registration is renewed for **Allied Health Professions staff**. There is currently no AHP professional leadership structure, this is being reviewed. All AHP registrations are checked by the HR Department.
- 3.6 **Line Managers** must ensure that all professional registration is clearly stated in the Personal Specification and Job Advert. They are also required to ensure that professional registration is valid at interview and on appointment and that registration is renewed in accordance and at a frequency determined by the professional body for all professional staff within their remit. Line Managers must also deal appropriately with any members of staff whose registration is found to have lapsed during employment – see section 6.3.
- 3.7 **The Workforce Governance Group** has been disbanded and a new group is in the process of /s responsible for monitoring compliance with the requirements of this policy and where appropriate, ensuring actions plans developed to address risks are fully implemented.

4. **EXPLANATIONS OF TERMS USED**

- 4.1 **Professional Registration** - in order to receive this, an individual is required to meet a number of standards of competency and integrity that a registered body deems acceptable in order to practice skills in the designated profession. These specific standards must be maintained at all times during practice, using methods the registered body qualifies as appropriate, enabling the individual to retain their registration.
- 4.2 **Nursing Revalidation** – Nursing Revalidation is the process through which registered nurses must renew their registration after a statutory period of 3 years.

Also relevant to Nursing Revalidation:

- a) **Confirmer** – The Confirmer will usually be the line manager of the registered nurse. The Confirmer is responsible for completing the Revalidation Confirmation form with registered nurse, checking that the registered nurse has met the requirements of Revalidation, and signing that the registered nurse has fulfilled these requirements.

- b) Reflective Practice Nurse** – The Reflective Practice Nurse must be a currently registered nurse with an active PIN. They are responsible for hearing and signing off the 5 reflective accounts that all registered nurses must provide through the process of Revalidation
- 4.3 **Staff Member** – For the purposes of this policy the terms “staff”, “member of staff” or “staff member” relates to any employee or temporary worker appointed by the Trust or undertaking professional duties on behalf of the Trust (i.e. all Trust wide staff regardless of grade, role or status. whether permanent, fixed term, full or part-time staff, agency locums, bank workers, volunteers, trainees and students).
- 4.4 **Temporary Worker** – Bank Worker or Agency Worker.
- 4.5 **Bank Worker** - Bank workers are registered on the Trust bank and are not contracted employees of the Trust. They work on ad-hoc / zero hours contract. There is no obligation to offer work and no obligation on the worker to accept work via the bank.
- 4.6 **Agency Worker** - Workers engaged through, or by, an employment agency and supplied to a hiring employer on a temporary basis.
- 4.7 **ESR** - The NHS Electronic Staff Record (ESR) is an integrated HR and Payroll database.
- 4.8 **Appropriate Regulatory Bodies:** -
- GMC** – General Medical Council
 - GDC** – General Dental Council
 - GOC** – General Optical Council
 - NMC** – Nursing and Midwifery Council
 - HCPC** – Health and Care Professions Council
 - GSCC** - The General Social Care Council
 - GPhC** – The General Pharmaceutical Council
- 4.9 **CCS** – Crown Commercial Services Framework. CCS provides the NHS with a compliant way to source all of their agency staffing needs through 5 framework agreements that have been approved by NHS Improvement.

5. PROFESSIONAL GROUPS REQUIRED TO HOLD REGISTRATION

- 5.1 **The following professional groups of staff are required to hold professional registration.**
- 5.2 **Medical and Dental Staff** – Required to be registered by the General Medical/Dental Council (GMC/GDC) that is renewable annually. Registration can be checked on the GMC or GDC website <http://www.gmc-uk.org> or <http://www.gdc-uk.org>
- 5.3 **Registered Nursing Staff** – Registered nursing staff are required to be registered with the Nursing and Midwifery Council (NMC). Registration can be checked on the NMC website <http://www.nmc-uk.org> and this is renewable annually on payment of a fee and periodically (every 3 years)

having fulfilled the requirements of Revalidation. All nurses will need to provide proof of renewal to their Line Manager.

Registered nurses must fulfil all of the requirements of Revalidation and complete the application to renew their registration at NMC online. To be successful, Registered Nurses must have a completed and signed Reflective Discussion form and a completed and signed Confirmation form. Only the forms specified by the NMC can be completed for this purpose. Registered nurses have the option to choose their confirmer. However, the Trust strongly recommends that this should be the line manager of the registered nurse, as the line manager will be best placed to support the registered nurse with their successful Revalidation.

The Trust requires that Confirmers check that the registered nurse has fulfilled all of the requirements of revalidation, and if so, signs the form for this purpose as required by the NMC.

5.4 Allied Health Professionals – The following groups are required to be registered with the Health and Care Professions Council (HCPC). Registration can be checked on the HCPC website <http://hcpc-portal.co.uk> and is renewable bi-annually as indicated: -

- Practitioner Psychologists renewable on 31 May 2013, 2015 etc
- Occupational Therapists renewable on 31 October 2013, 2015 etc
- Art & Music Therapists renewable on 31 May 2012, 2014 etc
- Speech & Language Therapists renewable on 30 September 2013, 2015 etc
- Physiotherapists renewable on 30 April 2014, 2016 etc
- Dieticians renewable 30 June 2014, 2016 etc
- Podiatrists renewable 31 July 2012, 2014 etc
- Orthoptists renewable 31 August 2013, 2015 etc

All Allied Health Professionals will need to provide proof of renewal to their Line Manager.

Psychotherapists & Counsellors are not yet a “protected title” and therefore do not need to be registered in order to practice.

5.5 Pharmacists – Pharmacists are required to be registered with the General Pharmaceutical Council (GPhC). Registration can be checked on the GPhC website <http://www.pharmacyregulation.org> and this is renewable annually on 1 January. All Pharmacists will need to provide proof of renewal to their Line Manager.

5.6 Optometrists - Optometrists are required to be registered with the General Optical Council (GOC). Registration can be checked on the GOC website <http://www.optical.org> and this is renewable annually on 1 April. All Optometrists will need to provide proof of renewal to their Line Manager.

5.7 Social Workers and Approved Mental Health Professionals (AMHPs) – All Social Workers and AMHPs are required to register with the General

Social Care Council. There is a requirement to renew registration 3 yearly.
<http://www.gscc.org.uk/The+Social+Care+Register/Check+the+register/>

6. PROCESS OF CHECKING PROFESSIONAL REGISTRATION

Please also refer to the flowchart in Appendix C.

6.1 New Staff

6.1.1 The Human Resources Department will ensure that the applicant is appropriately registered by: -

- ensuring that the registration covers the proposed role, in accordance with the essential criteria stated in the job Person Specification
- checking whether the registration is not subject to any current restrictions
- checking whether the applicant is not the subject of any “fitness to practice” investigations, which the regulatory body has a duty to disclose.

6.1.2 Staff joining the Trust will be required to provide a certificate showing proof of registration to the recruiting manager who will be required to verify the certificate and send a copy to the Human Resources Department. Copies of certificates and / or validation certificates from the relevant professional body’s website will be placed on a member of staff’s personal file, registration PIN numbers and expiry days will be entered into the Electronic Staff Record System (ESR) for future monitoring purposes. Validity of all professional registration and qualifications will be confirmed directly with the relevant body as appropriate, this will be completed by the HR Department prior to start date and the evidence of certification with the professional body will be required prior to a conditional written offer being made to the successful applicant.

6.1.3 Staff who fail to provide such evidence will not be allowed to commence duties and the offer of employment maybe withdrawn.

6.2 Existing Staff

6.2.1 The Human Resources Department undertake GMC, GDC and NMC checks monthly. GMC, GDC and NMC registrations are updated automatically through the GMC/GDC/NMC-ESR interface.

6.2.2 Other professional registrants will be checked during the month before expiry against the frequency dependant on the professional body as listed in Section 5. This check will be completed by the Line Manager.

6.2.3 At the beginning of the month Workforce run a report of all registrations expiring in the month and send a reminder to the employee. A week before their expiry date if an employee has still not renewed their registration, Workforce will email the employee to notify them of the potential consequences of not renewing their registration (see Appendix B). Their manager, Head of Division and HR will be copied into the email.

6.2.4 For Allied Health Professional staff, HR manually check the register and update ESR.

6.3 Lapsed Registration or Failure to Renew Registration

6.3.1 Other than when confirmation of registration is delayed through the administration problems of the professional body, staff who fail to be registered will be prevented from practicing in a professional capacity until such time that evidence of registration is provided.

6.3.2 For Nursing staff the late payment of renewal fee or failure to meet the requirements of Revalidation will result in lapsed registration and a removal of registration rights to practice. If the nurse wants to return to the register they will need to apply for readmission; this process may take up to six weeks

6.3.3 If the member of staff's registration appears to have lapsed on the second monthly report or renewal is not received by the date of expiry, and where a member of staff fails to update registration by the date required, the Human Resources Department will inform by email to:

- The Service/Line Manager
- Head of Division
- Human Resources Business Partner and Advisor for the Division

6.3.4 The manager, following discussion with Human Resources, must then take immediate action.

6.3.5 Failure to comply with registration may result in:

- unpaid leave
- working in an unqualified capacity with associated pay until such time that evidence of registration can be proved or
- disciplinary action, dependent upon the circumstances and in line with the Trust's Disciplinary Policy.

6.3.6 The Service/Line Manager is responsible for informing the member of staff of the decision.

6.3.7 Where Bank staff have lapsed registration Workforce will send an email to the Bank Office to ensure that the individual cannot be used on the Bank without confirmation that their registration has been renewed. The Bank Team will enter a restriction on their Bank Roster record which will temporarily remove them from the database. For the Professional Council website addresses please refer to section 5 of this policy.

6.4 AGENCY, LOCUM AND BANK STAFF

6.4.1 Bank Staff (Medical and Non-Medical)

All professional registration is checked at the time of interview by the recruiting managers and verified by HR prior to appointment in line with the Recruitment and Selection Policy. Copies of current certificates and validation of registration is undertaken through the relevant professional website. Monthly reports are run in the same way as for substantive posts

and if the individual's registration has lapsed they are unable to complete any shifts until the registration is renewed, and the Bank Co-ordinator would be informed. If the registration is not renewed, the individual is treated as a leaver and the leaver's process is followed.

6.4.2 **Medical Locum Staff**

During office hours, HR are responsible for checking that the professional registration of Medical Staff issued by the agency is current and valid. Out of hours, the Senior Manager responsible for the booking of agency locums must ensure that the professional registration issued by the agency is current and this can be verified on the GMC website using the doctor's name and / or GMC registration number –<http://www.gmc-uk.org/doctors/register/LRMP.asp>

6.4.3 **Other Clinical Professional Staff**

Where other clinical professional Agency Staff (who are required to have professional registration) are used within the Trust, their registration details must be verified by the Staff Nurse in Charge of the shift or a Senior Manager. Where Staff are from an Agency, it is the Agency's responsibility to ensure that staff they are supplying have current registration and evidence of these checks should be made available to the Trust prior to booking through the completion of the Evidence Checklist (see Appendix 2 of the Trusts Bank, Agency and Locum Policy). It is the Manager's responsibility to ensure that all clinical professional Agency Staff receives a local induction by using the Local Induction for Temporary Workers checklist, which can be found in Appendix 3 of the Trusts Bank, Agency and Locum Policy.

<http://www.sompar.nhs.uk/media/2610/bank-agency-and-locum-policy-v5nov-2015.pdf>

6.4.4 As Agency and Locum staff should be coming through agencies listed on the CCS Health Temporary Staff Framework, (which changes annually), these agencies are required to carry out the appropriate checks prior to supplying staff to the Trust. However, the Trust must seek assurances from any employment agencies used that the staff they provide have been subject to adequate vetting checks, in line with guidance from NHS Protect and NHS Employers guidance, This includes details of the Professional registration number and confirmation that the registration status is current. Evidence that these assurances have been obtained must be retained by the Trust.

6.4.5 If an Agency is used to supply staff to the Trust, the appointing manager should ensure that the Agency has taken all reasonable action to ensure that the person supplied is suitably qualified and has current registration. All agencies used by the Trust (buying and non buying) should supply written verification to the Trust, that all pre-employment checks in relation to DBS, employment history, Identity, Right to Work, Professional Registration, Qualifications and Work Health Assessment have been completed by supplying the Trust with a signed checklist confirming that all checks have been undertaken. The use of Non-GPS agencies is not encouraged but it is recognised that this may happen where there is a shortage of persons with

speciality qualifications/ experience etc. All agencies must return a signed checklist prior to any placement within the Trust, Please refer to the Bank, Agency and Locum Policy.

7. TRAINING REQUIREMENTS

- 7.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

8. EQUALITY IMPACT ASSESSMENT

- 8.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

9. MONITORING COMPLIANCE AND EFFECTIVENESS

9.1 Monitoring arrangements for compliance and effectiveness

Our Partnership Group has overall responsibility for the monitoring arrangements for compliance and effectiveness of this document.

9.2 Responsibilities for conducting the monitoring

The Human Resource Department will provide six monthly reports to the Our Partnership Group who will agree recommendations and monitor action plans where shortfalls are identified. A progress report will be provided which will also include good practice and lessons learned. The finding will be used to ensure improvements in the processes used.

9.3 Methodology to be used for monitoring

- HR to provide the reports that are undertaken monthly for NMC and Allied Health Professionals registration checks and report Medical and Dental Registration Checks by exception (for those outstanding). These are to be submitted quarterly to the Our Partnership Group.
- HR must also provide assurance that registration checks are undertaken monthly to the Trust Board through the regular Workforce Board Report.
- The Counter Fraud Service will conduct proactive work to assess the Trust's compliance against guidance issued by NHS Protect and NHS Employer guidance. This will include conducting checks on the Trust's compliance for the employment of substantive staff and conducting audits on external employment agencies used by the Trust and their compliance with the guidance.

- Annual internal audits
- External auditor investigations and reports

9.4 **Frequency of monitoring**

HR will provide six monthly reports to Our Partnership Group.

10. **COUNTER FRAUD**

- 10.1 The Trust is committed to NHS Protects Counter Fraud Strategy and is committed to ensure that NHS funds and resources are safeguarded against those minded to commit fraud, bribery or corruption. Somerset Partnership has a comprehensive Anti-Fraud, Bribery and Corruption policy that is available on the staff intranet (provide link) Consideration has given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document. Should any member of staff has any concerns they should follow the procedure in the Trust's Counter Fraud Policy.

<http://www.sompar.nhs.uk/media/3154/counter-fraud-policy-v4may-2016.pdf>

11. **RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS**

- 11.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3), the fundamental standards** which inform this procedural document, are set out in the following regulations:

Regulation 13: Safeguarding service users from abuse and improper treatment
 Regulation 17: Good governance
 Regulation 18: Staffing
 Regulation 19: Fit and proper persons employed
 Regulation 20: Duty of candour
 Regulation 20A: Requirement as to display of performance assessments.

- 11.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18: Notification of other incidents

- 11.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

12. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

12.1 References

NHS Employers, *Safer Recruitment – a guide for NHS employers*. London: NHS Employers (2006). Available at: www.nhsemployers.org

NHS Employment Check Standards – a guide for NHS Employers March 2008 <http://www.nhsemployers.org/primary/primary-3524.cfm>

NHS Protect standards for providers <http://www.nhsbsa.nhs.uk/4882.aspx>

12.2 Cross reference to other procedural documents

Counter Fraud Policy

Bank, Agency and Locum Policy

Disciplinary Policy

Learning Development and Mandatory Training Policy

Mandatory Training Matrix (Training Needs Analysis)

Medical Appraisal Policy

Recruitment and Selection Policy

Risk Management Policy and Procedure

Untoward Event Reporting Policy and procedure

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

13. APPENDICES

13.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix A GMC Registration – General Information

Appendix B Email sent to member of staff when registration is about to expire

Appendix C Professional registration flowchart for collecting and maintaining data (employees)

GMC REGISTRATION – GENERAL INFORMATION

The General Medical Council (GMC) introduced a new system of licensing in November 2009. From this date any doctor wishing to practise medicine in the UK will by law, need to be registered and hold a licence to practise. Licensing is the first step towards the introduction of revalidation – a new approach in medical regulation that will give patients assurance that doctors are up to date and fit to practise. All doctors employed by the Trust must be appropriately registered with the General Medical Council. Please also refer to the Medical Appraisal Policy.

TYPES OF REGISTRATION

Full Registration

Doctors must have full registration for unsupervised medical practise in the NHS or private practise in the UK. Consultants must also be entered on the GMC Specialist Register for the specialty in which they work. All doctors will need to hold both current registration with the GMC and a current licence to practise.

Provisional Registration

Provisional registration allows newly qualified doctors to undertake the general clinical training needed for full registration. A doctor who is provisionally registered is entitled to work only in a programme for provisionally registered doctors, currently Foundation Year 1 (FY1).

Specialist Registration

All consultants (except Locum Consultants) must be entered on the GMC Specialist Register. It is not possible to hold specialist registration without also holding full registration.

Temporary Full Registration

In certain cases, doctors may be granted temporary full registration if they are coming to the UK to provide specialist medical services for a short period, for example to demonstrate a specialist procedure.

LOCUM DOCTORS

All doctors employed by the Trust as Locums must have appropriate registration, please refer to the Bank, Agency and Locum Policy.

E-MAIL SENT TO MEMBER OF STAFF WHEN REGISTRATION IS ABOUT TO EXPIRE

Marked Private & Confidential

Dear «Title» «Surname»,

Our records show that your Professional Registration is due for renewal on **(date)**. We have checked on the appropriate website for your professional body on **(date)** to confirm your re-registration.

This details that your registration has not yet been renewed.

Please ensure that you send the payment for re-registration and your notification to Practice form to your Professional Body before this date. If you have changed your address since you last registered/renewed, please ensure that you have also passed this information on to the registered body. If your re-registration cannot be confirmed with your line Manager and Human Resources by **(date after registration is due)**, you will be unable to practice as a **insert post-title**. The Trust will therefore be required to take **one** of the following actions that they deem most appropriate:-

Option 1

You will be paid as a **example - Band 3 HCA or equivalent / Medical Student** until such time as re-registration can be confirmed by your Professional Body. During this time, duties of a **example - Band 3 HCA or equivalent / Medical Student** post will be undertaken and there will be no reimbursement for the temporary reduction in salary.

Option2

You will need to take annual leave until re-registration can be confirmed with the Professional Body. Payment during this time will be as a Band 3 HCA / Medical Student.

Option 3

You will need to take unpaid leave until re-registration can be confirmed.

Should you have any queries please contact your line manager or the **(name)** HR Advisor on the number above.

Please note that it is a contractual requirement that you have registration throughout your employment and it is extremely important that you act on this letter as a matter of urgency.

Many thanks for your co-operation.

Yours sincerely

Head of Workforce Information

Cc: Line Manager / Head of Division (only for 2nd reminder)

APPENDIX C

PROFESSIONAL REGISTRATION FLOWCHART FOR COLLECTING AND MAINTAINING DATA (EMPLOYEES)

New Members of Staff

Staff joining the Trust will be required to provide a certificate showing proof of registration to the recruiting manager who will be required to verify the certificate and send a copy to the Human Resources team.

Copies of certificates and / or validation certificates from the relevant professional body's website will be placed on a member of staff's personal file, registration PIN numbers and expiry days will be input into ESR for future monitoring purposes. Evidence of certification with the professional body will be required prior to a conditional written offer being made to the successful applicant. Staff who fail to provide such evidence will not be allowed to commence duties and the offer of employment maybe withdrawn.

Existing Staff

The Human Resources Department undertake GMC, GDC and NMC checks monthly. GMC/GDC/NMC checks are updated automatically through the GMC/GDC/NMC-ESR interface. . Other professional registrations will be checked manually in the same way, the frequency dependant on the professional body as listed in section 5.

Workforce will e-mail members of staff who have not renewed 1 week before their expiry date to notify them of the potential consequences of not renewing their registration (email copied to Line Manager, HOD and HR).

If registration has been renewed HR/interface will update ESR.

The Line Manager seeks own assurance that professional registration has been renewed.

If the member of staff appears to have lapsed on ESR and / or renewal is not received by the date of expiry and where a member of staff fails to update registration by the date required HR will inform the manager (by phone and supported by e-mail) who is responsible for validating the member of staff's renewal.

The Manager will take appropriate action such as unpaid leave, working in an unqualified capacity with associated pay until such time that evidence of registration can be proved or disciplinary action, dependent upon the circumstances and in line with the Trust's Disciplinary Policy.

 HR Actions

 Manager Actions